

**FORM 8. Entry of Appearance****UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT**

\_\_\_\_\_ v. \_\_\_\_\_

No. \_\_\_\_\_

**ENTRY OF APPEARANCE**

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

\_\_\_\_\_ Pro Se \_\_\_\_\_ As counsel for: \_\_\_\_\_  
 Name of party

I am, or the party I represent is (select one):

\_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_ Amicus curiae \_\_\_\_\_ Cross Appellant  
 \_\_\_\_\_ Appellant \_\_\_\_\_ Appellee \_\_\_\_\_ Intervenor

As amicus curiae or intervenor, this party supports (select one):

\_\_\_\_\_ Petitioner or appellant \_\_\_\_\_ Respondent or appellee

My address and telephone are:

Name: \_\_\_\_\_  
 Law firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State and ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Statement to be completed by counsel only (select one):

\_\_\_\_\_ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

\_\_\_\_\_ I am replacing \_\_\_\_\_ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

\_\_\_\_\_ I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): \_\_\_\_\_

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ A courtroom accessible to the handicapped is required if oral argument is scheduled.

11/27/2014

/s/ Thomas E. Walling

Date

Signature of pro se or counsel

cc: \_\_\_\_\_

**FORM 30. Certificate of Service**

**UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT**

**CERTIFICATE OF SERVICE**

I certify that I served a copy on counsel of record on  
by:

US mail  
Fax  
Hand  
Electronic Means  
(by email or CM/ECF)

Name of Counsel

Signature of Counsel

Law Firm

Address

City, State, ZIP

Telephone Number

FAX Number

E-mail Address

NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an “/s/” and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.